Contoversies in Breast Cancer Diagnosis and Management

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Breast cancer is the most common cancer in women, and it is the single most common cancer in Hawaii, with 425 new cases diagnosed in 1993. For unknown reasons, the incidence of breast cancer has increased markedly in the past few decades and is expected to continue to do so indefinitely. Clinical research and technology have expanded our knowledge of breast cancer and our treatment options enormously, and few diseases have seen such changes in their primary management or engendered such controversy as breast cancer. Some of the most pressing controversies will be discussed with the view toward defining the current status and outlining strategies for resolution.

Screening for early breast cancer has been solidly established as a cost-effective method of reducing mortality from breast cancer. It is a cornerstone of the primary and preventive care of women. However, a consensus on the optimal screening schedule has not been reached. Further research regarding stratification of women in differing risk groups is needed to resolve these issues. Technology for the screening and diagnosis of breast cancer continues to improve; implementation of these new methods into our clinical armamentarium is ongoing.

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Breast-preserving therapy for early breast cancer has gained acceptance as the preferred alternative to mastectomy in early breast cancer. However, controversial and difficult issues remain concerning patient evaluation, selection, and technique for breast-preserving treatments.

Few subjects in breast cancer management have engendered more confusion in both the medical and the lay communities than adjuvant systemic treatment. Again, methods for optimal selection of candidates for this therapy is problematic. Hormone therapy has been particularly challenging in breast cancer, treatment and prevention, as well as postmenopausal replacement use. Hormone therapy is now the subject of a major research initiative from the National Institutes of Health.

Thus, it is clear that breast cancer is a common and yet heterogenous and complex disease for which there is a wide array of treatment modalities and options. Not surprisingly, it is the integration of treatment through coordination of multiple specialities that has moved to the forefront of breast cancer care. The multidisciplinary treatment approach will become our best effective strategy for dealing with this illness, and we should look to more coordinated care plans and centers to serve our breast cancer patients in the future.

Domestic Violence—Identifying Abuse

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Domestic violence is a widespread community health problem as well as a serious crime. One out of every 4 women seen in emergency departments is a battered woman, making domestic assault the most common cause of injury to women. Fifty percent of all women will be physically abused at some point in their lives by men with whom they live. More than 4,000 women are murdered by their partners each year, usually after they have just left the abusive relationship. Partner abuse also is seen in lesbian and gay relationships.

Domestic violence is defined as a pattern of coercive, controlling behavior that one person exercises over another, and which may involve physical, sexual, emotional, economic or psychological abuse, perpetrated with little or no regard for that individual's rights or feelings. Although often associated with domestic violence, the abuse is not brought on by mental illness, alcohol or drugs, stress or anger or loss of control. The only common denominator found in looking at characteristics of the victims is that they almost all are female. Many misconceptions about traits of victims are the results of battering, not the cause of it.

In order to be effective, all physicians must recognize the spectrum of presentations of the victims to the medical setting. Overt abuse and physical injuries are obvious if on exposed parts of the body; more subtle symptoms include stress, medical illnesses, psychological problems including drug and alcohol dependency and finally, suicide. Battering during pregnancy is

a special problem usually resulting in miscarriages. Health care providers often do not recognize and address the violence for a number of reasons: Time constraints and legal issues often are cited as the most common.

There now is a body of knowledge to assist physicians in the recognition and proper treatment and referral of victims of domestic violence. With proper training of emergency department and office staff, physicians can compassionately handle these patients with ease. In order to properly recognize the victims they must: 1) Assume that any woman with trauma has been battered until they have evidence to the contrary; 2) Routinely assess every female patient for possible abuse and provide each one with written domestic violence referral information appropriate for her locale; 3) Practice questioning every female patient about possible abuse until physicians feel really uncomfortable when they don't; and 4) Know that the woman's safety is the ultimate goal and, therefore, allow abused women to make decisions for themselves. Never coerce them or mandate conditions for providing help.

Physicians also must know the laws in their state regarding reporting, as they vary. However, it is not evident that mandatory reporting of abuse contributes to the safety of battered women or facilitates their access to appropriate resources and safety. We must ask ourselves two crucial questions: 1) Is she safer now, after her visit with a physician and 2) Has her sense of isolation been increased or decreased as a result of recognition of the abuse. Physicians will have succeeded if we have named the abuse and the victim has learned where to find help when she feels able and ready. Lastly we must not forget that in 70% to 80% of the homes where the woman is beaten, so are the children.

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Pelvic Pain

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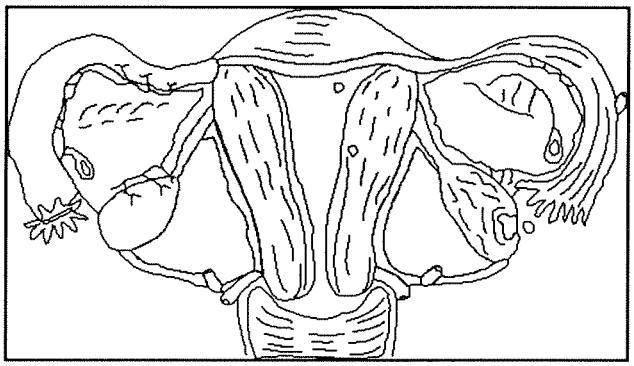
Pelvic pain can be a result of a gynecologic, urologic, or musculoskeletal problem. In women it is always important to order a serum pregnancy test (hCG-B) in order to rule out an ectopic pregnancy; this is the most life-threatening cause of pelvic pain. A CBC and ESR also should be obtained to rule out an infectious etiology for the pain.



Pelvic pain can be related to pregnancy and nonpregnancy causes. The ectopic pregnancy is the most important of the pregnancy causes of pelvic pain, but a threatened or inevitable abortion also may present as pelvic pain. Sophisticated ultrasound now can diagnose the majority of ectopic pregnancies, and 100% of the threatened or inevitable abortions.

Nonpregnancy-related causes of pelvic pain can be associated with problems of the cervix, uterus, tubes, or ovaries.

Nongynecologic causes of pelvic pain can be traced to urologic problems such as cystitis or a renal calculus. Appendicitis always must be considered in a woman with pelvic pain, but mesenteric lymphadenitis and diverticulitis also can be causes of pelvic pain.

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From a gynecologic point of view, evaluation of the cervix and working upward toward the uterus, tubes, and ovaries will diagnose the problems in almost every case. Cultures of the cervix for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* may rule out these pathogens as a cause for acute cervicitis, and even endometritis and salpingitis.

Ultrasound has been extremely helpful in ruling out degenerating myomas of the uterus and ovarian tumors and cysts on the tubes.

Ultrasound is safe, noninvasive, and is certainly a very important asset to a gynecologist.

The laparoscope has been the most important gynecological instrument used to diagnose pelvic pain; the uterus, tubes, and ovaries can be directly evaluated. Also, the appendix and large bowel can be evaluated to rule out acute or chronic appendicitis and diverticulitis.

Endometriosis, tubo-ovarian abscesses, and torsion of cysts can be diagnosed immediately with the laparoscope; most gynecologic procedures now can be performed without resorting to laparotomy.

The etiology of pelvic pain can be diagnosed with serum tests for hCG-B, CBC, and ESR, along with ultrasound and laparoscopy. Laparoscopy has the added advantage of being able to definitively treat almost every cause of pelvic pain.